

I may have on the subject is over-ruled by the patient's firm refusal to be operated upon; happily I agree with him *in toto* as to the proper course to pursue. He is to take every second night a tepid bath, and after being rubbed down well with a rough towel to retire early to bed, to be regular in his habits, careful in diet, and abstain from excitement of every kind. I am to begin treatment by gradual dilatation at once, beginning with a No. 6 gum elastic bougie, which I introduced to-day, and left in for five minutes. To leave off his other mixture, and take instead of it, three times a day, twenty drops each of liq. potassæ and tinct. hyoscyami,* in a tumbler of barley-water, to allay irritation caused by the introduction of the bougie. These latter are to be anointed with a mixture of five grs. of muriate of morphia in benzoated lard.

Nov. 10th—Patient is remarkably well; has walked down town and done considerable business, with no bad results unless a little fatigue. Introduced No. 7 gum elastic bougie, remaining there five minutes. No trouble in passing first stricture, but some difficulty in getting through second.

Nov. 12th—Patient passed very fair stream of urine to-day, which deposits little or no sediment. The bougies do not cause spasm or congestion. Passed No. 7 again to-day, with greater ease. Has had a slight discharge of pus.

Nov. 14th—Passed No. 7 again to-day.

Nov. 16th—Managed to get No. 8 through first stricture to-day, but some trouble in passing the second.

Nov. 18th—Passed bougie No. 8. Patient still continues to improve, and goes about the city with the greatest ease. He says the old swelling in his perineum has about disappeared, and his testes are again in their proper place.

Nov. 21st—No 8. bougie goes through even second stricture with but little trouble. Some discharge of pus to-day, and some uneasiness in the stricture when urinating.

Nov. 25th—Tried bougie No. 9, which has passed the second stricture with some resistance. The first stricture is readily dilatible, and gives no trouble whatever; it is moreover, from its position,

easily under control. No. 9 bougie was introduced on the 27th, and because it caused no irritation was again passed on the 30th.

In May of the following year my patient was able to pass himself No. 12 English bougie, and one year afterwards and until to-day has dispensed with such artificial aids to micturition, nor has he been troubled with any of his old urinary difficulties, and as his general health is in every way good, and he has passed a searching life insurance examination, I regard him as cured.

My experience of the treatment of stricture of the male urethra, slight as it has been, inclines me to the advocacy of rupturing or incising the obstruction in all cases not readily and shortly overcome by the plan of gradual dilatation for, if the evidence of such men as Perrève, Sir Henry Thompson, Holt, and other surgeons, be worth anything, the final results of the immediate plan are, on the whole, quite equal to those obtained by the tedious method of gradually restoring the normal calibre of the canal.

I must confess, however, that I have only come to think so after six years' strict observance of the rule so confidently laid down by certain authorities on the subject, that dilatation is advisable in most cases where it is possible to introduce a bougie; that even where recourse is had to rupture or urethrotomy still dilatation is necessary to stretch the recent fibrinous deposits (the result of the operation) or to cause absorption of the fibro-plastic material still left after the use of the divulsor or urethrotome.

Moreover, respecting the dangers of this apparently rough usage of so delicate and susceptible a canal as the urethra, I do not see that gradual dilatation has as much to commend it on this score as might at first appear, for I have myself seen patients attacked by urethral fever, cystitis, orchitis, perineal abscess, and by obstinate prostatic gleet during the most careful treatment of ordinary cases of stricture by the gradual plan.

The case I have related seemed to me to call for the milder and more careful method; and in acting as I did I simply followed the hint which the patient himself furnished by his previous experience. In concluding, I venture to suggest that the failure to cure my patient by the use of the divulsing instrument may have been due to the insufficient use of it. It is in the manner of using the divulsor that there is such great divergence of opinion.

* Note. This prescription was given before the profession had the benefit of experiments upon the effect of caustic alkalis on the mydriatic alkaloids. It may, however, be doubted whether, when diluted with a sufficiency of water, a mixture of liq. potassæ and tincture of hyoscyamic is rendered inert in a short time.